
MEMORANDUM

TO: COORDINATORS AND EDUCATORS OF MICHIGAN CERTIFIED DIABETES
SELF-MANAGEMENT TRAINING PROGRAMS

FROM: KAREN BOYER, RN, MSN, COORDINATOR, CERTIFICATION PROGRAM

SUBJECT: UPDATE

DATE: FEBRUARY 5, 2004

CERTIFICATION PROGRAM FISCAL YEAR 2002-03 STATS

Thank you for submitting the statistics for your programs! Below is the aggregate data:

23,770 completed Diabetes self-management training in 76 programs; an increase of 26.5% from last year's total of 18,784.

9,816 (41.3%) were male; 13,954 (58.7%) were female

Race/ethnicity: 15,995 (67.3%) were white; 2,924 (12.3%) were African/American; 231 (1%) were American Indian or Alaskan Native; 526 (2.2%) were Asian/Chinese/Japanese/Korean/Pacific Islander and 749 (3.7%) were Hispanic/Chicano/Cuban; Mexican/ Puerto Rican/Latino. (There was no race/ethnicity reported for 14% of those completing DSMT).

Age breakdown: 5,703 (24%) were 65+; 10,557 (44.4%) were 45-64; 6,500 (27.3%) were 19-44 and 826 (3.5%) were under 19; 184 (There was no age reported for 184 - .77%).

Diabetes type: 685 (2.8%) were Type 1, ages 0-18; 1,223 (5.1%) were Type 1 over age 19; 355 (1.5%) were type 2, ages 0-18; 17,947 (75.5%) were Type 2 over age 19; 2,881 (12.1%) were gestational; and 386 (1.6%) were prediabetes. (There was no type reported for 293 - 1.2%).

Follow-ups completed: 10,417 (43.8%)

CERTIFICATION PROGRAM POLICY REVISION: Enclosed is the revised policy for certification/recertification. As in the past, state certification requirements will be the same as ADA Recognition requirements, **with some additions**. Those additions are identified on the revised policy in lieu of the separate document that previously included the National Standards, and the State Certification requirements (referred to as "Review Criteria" which encompassed ADA Recognition requirements and the additional state requirements).

Changes in the certification/recertification process include the following:

- Routine site review visits for recertification will no longer be made every 3 years. State certification will continue to be renewed every 3 years with the submission of a signed application that indicates programs intend to maintain MDCH Certification requirements (a previous draft policy indicated that certification would be “non-expiring” but it was decided to maintain an every 3 years renewal). Site visits will be made utilizing a random selection process. A sample of 10% of all certified programs that had not had a certification or random sample site visit or an ADA Recognition site visit in the past 3 years will be selected yearly.
- State certification renewal will occur “in sync” with ADA Recognition for dually credentialed programs, for those programs who maintain both State Certification and ADA Recognition. Letters are being sent to programs for whom certificates had expired during the period of time when the site visit moratorium was imposed (during the State’s fiscal year 2002-03, a moratorium on recertification site visits to MDCH/Certified DSMT programs was imposed due to budget constraints) and new certificates bearing new expiration dates, congruent with ADA Recognition expiration, will be sent. Programs should submit a new application form for State Certification 2 months before their ADA Recognition expires, regardless of whether their State Certification has expired, so that the two dates can be brought into “sync”. A new certificate will be sent bearing the date that is also the date of the program’s ADA Recognition expiration. For that program whose state certificates are still current, but will expire before the ADA Recognition does, an application should be submitted, indicating the current ADA Recognition expiration date, and a new certificate will be issued that reflects the ADA Recognition date. A revised version of the application will soon be on MDCH’s DPCP Certification Program web page or you can request Olga to faxed; e-mail or mail you one.

NOTE: Possessing ADA Recognition status does not mean automatic state certification. You must comply with the additional requirements according to the policy, which means submitting the annual statistical report; submitting an annual report that summarizes your annual review and planning process and submitting significant program changes as well as showing evidence that the National Standards, ADA Recognition requirements and the additional state requirements are implemented on a continuous basis during any site visit.

DATABASE WORKSHOPS: Training workshops for the DSMT programs data-tracking database have been scheduled for March 5 in Farmington Hills and March 19 in Grand Rapids. Registration information has been sent, but if you did not receive this information, please notify Olga. Additional workshops will be offered if there is a need. There has been some interest expressed to offer one in northern Michigan and if anyone knows of a possible location (that has computers) please let me know. The workshops will include an educational portion (with contact hours awarded) dealing with application of the data to review and planning and CQI processes. A mentoring program that will dovetail with the database project is being developed.

A poster presentation about this project has been accepted for presentation at the Center for Diabetes Control and Prevention, Diabetes Translation conference in May.

SAMPLE DOCUMENTATION TOOLS WORK GROUP: This group of representatives from the Certification Program’s Advisory Committee had a phone conference recently and have a work session planned. We are starting with revising the sample assessment tool and will continue the process with the education plan, education record and the follow-up assessment

tool. A goal is to develop sample documentation tools that better reflect changes in the National Standards for Diabetes Self-Management Education and that focus more on behavioral change.

CERTIFICATION PROGRAM WEB PAGE: The web page for the Certification Program is currently being updated. In addition to information already available, the revamped site will include: The revised sample documentation tools (as they are completed); the revised application forms for both individual hospital and group certification; a revised change form; annual statistical report form for 2003-04; annual report worksheet; annual report guidelines; Certification/Recertification policy; Annual Report policy; sample documentation tools/forms; and a section for news and updates. I will let you know when the “revamped” site is completed.

ANNUAL REPORTS: Annual reports, describing your program’s annual review and planning process, continue to be a requirement for State Certification. Mary Jean Klebba, RN, CDE, and retired coordinator of a State Certified DSMT program, is assisting me, on a contractual basis, to review these reports. It is our intent to provide feedback to each and every report. All reports for the past year should be received by MDCH no later than January 31, 2004.

SITE VISITS: Random site visits, according to the revised certification/recertification policy, have been selected for fiscal year 2003-04 and will be made by Mary Jean Klebba. As per the revised policy, the programs that have been selected will be given written notice at least 4 weeks prior to scheduling the visit.

Be sure and notify us if you have an ADA Recognition site visit.

DSMT Program Audit: Part of a paper (ADA Recognition) or site visit audit/review (State or ADA) includes showing evidence that instructors are licensed, registered or certified. If the professional is identified as an instructor (defined as a health care professional with a valid license, registration, or certification who routinely teaches in the diabetes self-management education program), but is not a CDE, you will also need to show evidence that they have obtained the required number of contact hours in diabetes topics. Health care professionals can provide instruction for small segments of your total program and in this case would not be considered “instructors” but “resource people”. Resource people can only provide instruction in their area of expertise and the instruction must be less than 10% of the total program. If you offer 10 hours of instruction, one or more resource people cannot provide more than 1 hour of instruction. Resource people are exempt from the requirements of an “instructor”.

STATE INITIATIVES:

A chronic disease prevention caucus is being organized (an endeavor of the National Governors Organization). This is a group of legislators that will meet monthly to discuss issues such as the economics of prevention; healthy eating; tobacco use and, of course diabetes. This group will be staffed by a MDCH representative/s.

A Healthy Aging program is being developed within MDCH in cooperation with the State Office of Services for the Aging. This program will focus on disease prevention among elderly people and will collaborate with the DPCP.

The State Strategic Plan for Diabetes is currently being distributed. Several copies will be distributed to MODE Region Representatives at the MODE board meeting February 6. If you did not receive a copy, or would like additional copies, please call myself or Olga and we’ll see that you get them. The Diabetes Policy and Advisory Council (DPAC) has prioritized the recommendations contained in this report and has formed committees to address them. One of the recommendations that will be addressed involves community health workers. Fern Vining has agreed to co-chair the committee that will deal with the CHW recommendation and I am the staff appointee.

Steps to a Healthier US: The Inter-Tribal Council of Michigan was awarded a \$250,000 STEPS grant from the U.S. Department of Health & Human Services. This grant will focus on reducing the frequency and complications of diabetes, obesity, smoking cessation, and asthma through nutrition education, physical activity, and diabetes and asthma management. It was the only American Indian organization in the country and the only program in Michigan to receive the award.

Diabetes Prevention Program (DPP)

MISCELLANEOUS RESOURCES

The 2004-2004 Directory of Prescription Drug Patient Assistance Programs, published by the Pharmaceutical Research and Manufacturers of America, can be found on www.HelpingPatients.org.

“Take Charge of Your Diabetes”. Ann Constance, Project Manager of UPDON, states that this book can now also be accessed through www.diabetesinmichigan.org (see Update dated September 4, 2003). The book in Braille may be borrowed from the Michigan library for the blind at 800-992-9012 (people with visual impairments have to sign up with the library first – no charge).

Better diabetes Care web site: Health and Human Services has a new web site that includes some interesting information for coordinators and educators, such as CQI and cultural competency. Check it out!!!! <http://betterdiabetescare.org>.

Accessing local county health departments: To access local county health department information (such as county statistics) go to 1) www.michigan.gov/mdch, then click on the Local health Department Listing under the Quick Links section; or go to 2) www.MALPH.org and click on the Directory link and then your preferred health department link.

Resource for health facts and statistics of people in southeastern Michigan. A project convened by the Greater Detroit Area Health Council (GDAH), has released a 112 page document “Health and Health Care in Southeast Michigan: A Chart Book”. It is a single source for up-to-date information, documenting facts and statistics about health, health behaviors, access and the use, quality, cost and capacity of health care services. This would likely be a useful tool for the program review and planning.

Vietnam Veterans who have type 2 diabetes are now eligible for additional benefits and compensations from the VA. See <http://www.appc1.va.gov/opa/fact/diab>

Federal grant availability web site: There is now a single, comprehensive Web site that will contain information about finding and applying for all federal grant programs. See <http://www.hhs.gov/news/press/2003pres/20031209.html> for more information.

MDCH Diabetes Prevention and Control Program Goals:

MDCH Diabetes Prevention and Control Program, in conjunction with Center for Disease Control and Prevention (CDCP), has identified the following goals for the next 5 years:

- Increase the rate of foot exams. The Weekly Morbidity and Mortality Report, published by CDCP, included an analysis of data from the 2000-2002 Behavioral Risk Factor Surveillance System (BRFSS). The findings indicated that approximately 12% of U.S. adults with diabetes had a history of foot ulcer and underscores the need to improve foot-related preventive care practices among persons with diabetes, particularly those with longer duration of disease and who use insulin and who smoke.

- Increase the rate of dilated eye exams; (see www.healthyvision2010.org/eyediseases/diabetic.htm for resources)
- Increase immunization rate
- Increase the rate of A1c tests
- Decrease health disparities. DSMT programs can influence these outcomes and it is recommended that you consider these areas to focus on during your annual review and planning processes.
- NEWS AND INFORMATION:

New Health Policies Adopted by Michigan's State Board of Education: A series of 3 policies, addressing coordinated school health programs, sexuality education and physical education programs, have been adopted by Michigan's State Board of Education. Go to http://www.Michigan.gov/mde/0,1607,7-140-5373_5382---Y,00.html for more information.

The Bureau of Health Professions and the Bureau of Health Systems, previously part of the Department of Consumer and Industry Services (now named the Department of Labor and Economic Growth), are now part of the Department of Community Health.

Joining People with Diabetes (JPD).

Dan Diepenhorst and Judith Claytor and 22 other health professionals in Michigan became "Master Trainers" for Stanford Chronic Disease Self-Management Training Programs and are able to train "Trainers". This program is a workshop that is given in community settings for people with different chronic health problems. Two trained leaders facilitate the workshops, one or both of who are peers with a chronic health condition themselves. It is designed to enhance regular treatment and disease-specific education. Call Dan at 517-335-9462 for additional information.

The Support Group listing booklet has been updated and is available on Michigan's Diabetes Outreach Network website (www.diabetes-midon.org). A support group leader's training guide has also been updated and some copies are still available (call Dan).

Tooth Loss: The Centers for Disease Control and Prevention issued a report 12/18/03 that provides new information about tooth loss in older Americans. In more than half the states, the majority of older adults had most of their natural teeth. Increased tooth retention means older adults remain at risk for tooth decay and gum disease and could benefit from an array of preventive approaches.